# Table of Contents

## Overview

2

## The Publication Process

3

## Preparing Your Resource for Submission

4

- Scope of Submission and Publications
- Standards for Educational Scholarship
- Evaluating Educational Scholarship
- Copyright and Patient Privacy

## Content Packaging Guidelines

8

- Instructor Guide
- Submission of Web-based Resources

## Submission Instructions

9

- Intellectual Property
- Publication

## Tools for Published Authors

10

- Usage Reports
- Documenting Impact
- Submission Form Instructions

## Appendix

15

- A. Scholarly Criteria
- B. Simulation Interest Group Scenario Template
- C. Recommended Standardized Patient Case Outline
- D. Guidelines for Assessment Submissions
- E. Recommended Format for TBL Modules
- F. Sample Publication
- G. Peer Review Form 2.0
- H. Creative Commons Copyright Usage License
- I. Third Party Content Permission Form
- J. IP Release Form
- K. Actor Release Form
Overview

This handbook is designed to help you prepare and submit your educational resource and to understand what tools are available to you once you have successfully published a resource in MedEdPORTAL.

MedEdPORTAL is a free online peer reviewed publication service provided by the Association of American Medical Colleges (AAMC), in partnership with the American Dental Education Association (ADEA), and designed to promote educational collaboration by facilitating the open exchange of peer reviewed teaching resources such as tutorials, virtual patients, simulation cases, lab guides, videos, podcasts, and assessment tools. While MedEdPORTAL’s primary audience includes health educators and learners, access to the website and content are available to the general public, around the globe, for free. Users can access validated teaching materials and assessment tools for the basic and clinical sciences across the allied health professions.

From its conception, MedEdPORTAL was designed to serve as a prestigious publishing service through which educators can receive scholarly recognition for their educational works. Structured like a traditional print-based journal, MedEdPORTAL:

- Maintains an Editor-in-Chief and an Editorial Board.
- Follows a peer review policy that mirrors practices employed by traditional print-based journals.
- Employs a rigorous peer review process based on accepted standards of scholarship using invited expert reviewers to conduct all reviews.

All submissions that are successfully peer reviewed are considered formal publications that must be referenced by a standard citation. Publications in MedEdPORTAL are considered compelling scholarly contributions by many institutions and are used to support promotion and tenure decisions. For more information regarding the scholarly aspect of MedEdPORTAL, review the MedEdPORTAL Educational Scholarship Guides.

A fully integrated content and digital asset management system enables the MedEdPORTAL website to host the vast majority of published resources online. Restricted materials such as assessment tools, for which special clearance is required, are guarded behind a human firewall. For access to these materials, user credentials must be verified as positions of faculty or administration at a health education institution or organization. International users must identify an individual sponsor representing an AAMC or ADEA-member institution or organization for credential verification. Once a user is cleared, they will be granted access to all special clearance items within the collection.

Published authors retain their original copyrights of their published works. During the submission process, prospective authors create and associate a Creative Common License with their resource, indicating how all future users may utilize the materials. In addition, all third-party copyrighted materials and patient privacy issues are addressed during the submission screening process so users can download and utilize any and all of the published resources in accordance with its associated Creative Commons License without legal infringements. MedEdPORTAL also collects detailed end-user data that supports authors in demonstrating the measured impact and use of their published materials.
The Publication Process

Authors who publish through MedEdPORTAL benefit from the AAMC’s authority and credibility, and have access to an audience drawn from its broad membership. Publications in MedEdPORTAL are considered compelling scholarly contributions suitable for supporting promotion and tenure decisions. The MedEdPORTAL submission to publication process is as follows:

Submit: All submitting authors must complete the MedEdPORTAL submission form hosted within an external peer review management system, Manuscript Central. Prospective authors can visit http://mc.manuscriptcentral.com/mededportal to submit. Access to Manuscript Central is also available by clicking “Submit Resource” located on the MedEdPORTAL website menu bar.

The information that is collected on the form is used, in part, by reviewers as they evaluate the submission. The submission form should be considered a mechanism to help author(s) make a compelling case for how their submission meets the MedEdPORTAL standards.

Screen: All submissions are screened by MedEdPORTAL staff to ensure they meet the minimal scholarship requirements and do not violate any copyright or patient privacy standards or laws. For more information, please review the MedEdPORTAL Copyright and Patient Privacy Policy (page 7). For assistance, please contact mepscreening@aamc.org.

Peer Review: All items submitted by authors that successfully clear the screening process must also pass through the MedEdPORTAL peer review process. Two invited expert reviewers are selected by the Editor or Associate Editor and may recommend one of the following four publication decisions:

- Accept with Acclamation
- Accept
- Revisions Required
- Reject

The Editor evaluates the submitted reviews and makes the final publication decision. A formal decision email is sent to the primary author regarding the publication decision and includes comments and recommendations from the reviewers. For assistance, please contact peerreview@aamc.org.

Catalog: Each resource that passes the MedEdPORTAL peer review process enters a cataloging stage where MedEdPORTAL staff format the submission form and submitted files for consistency.

Publish: Following cataloging, MedEdPORTAL staff prepares the resource for final publication in MedEdPORTAL. This publishing process involves verifying all copyright forms, formatting the abstract appropriately for publication, and uploading the final resource files to the MedEdPORTAL site.

When the aforementioned items are complete, the resource is formally published and becomes both searchable and downloadable on the MedEdPORTAL website.
Preparing Your Resource for Submission

Scope of Submissions and Publications

Currently, MedEdPORTAL only accepts submissions for education or assessment that are relevant to health under the continuums of medicine and dentistry. MedEdPORTAL accepts inter-professional educational materials that are also applicable to medical or dental education. MedEdPORTAL does not accept traditional articles or manuscripts that only describe a resource, project, or curriculum. Instead, the actual instructional tool or resource should be submitted. MedEdPORTAL also accepts faculty development and professional development materials that support medical and dental education. Examples include how to give effective presentations, use audience response systems to enhance learning, and successfully use visual aids in presentations.

A successfully resource published in MedEdPORTAL is described as a “stand-alone teaching module” which has a clear set of learning outcomes and a closing educational activity. Submitted content should support the attainment of the resource’s educational objectives. Authors must demonstrate that their submissions have been implemented. While the author is not required to prove that the implementation of the educational activity was successful, he or she must indicate that the submission has been classroom-tested. Each publication must serve as a “turnkey” module; packaged in a meaningful way for future users. This packaging facilitates the dissemination of the content and maintains the integrity of the work that has undergone review.

Submissions may be submitted in a wide variety of formats including tutorials, cases, lab manuals, assessment tools, simulations, faculty development materials, board review questions, etc. MedEdPORTAL submissions may be submitted in any of the common technical formats. Currently, all resources peer reviewed and published in MedEdPORTAL must be submitted in English.

Standards for Educational Scholarship

MedEdPORTAL considers acceptance of submissions which manifest the traditional principles of educational scholarship (see Appendix A). Authors are strongly advised to consider whether or not their resource submission addresses the following:

- Is it generalizable?
  - The resource may be useful to you at your institution but does the submission contain enough guidance to be understood and used by other faculty at other institutions?
  - Did you include all the supplemental documents and forms that will assist others when utilizing the resource?

- Does it represent scholarship?
  - Resources should address the tenets of educational scholarship as conveyed through the MedEdPORTAL Peer review Form and the MedEdPORTAL Educational Scholarship Guide.
  - Use the MedEdPORTAL submission form (and the Instructor’s Guide) to convincingly show the reviewers exactly how your work represents scholarship and contributes to the field.

In conclusion, to be eligible for publication in MedEdPORTAL, submissions should adhere to the following:

- The submission must be an original stand-alone teaching module that has been implemented or used within an educational setting.
- The submission must address the widely accepted criteria for scholarship (see Appendix A).
- The submission should utilize suggested templates if applicable (see appendix B – E).
- Each submission must include a detailed Instructor’s Guide (see page 8).

MedEdPORTAL retains the right to waive certain publication standards and submission requirements at the discretion of the Editor, Associate Editors and MedEdPORTAL staff.
Worksheet—Evaluating Educational Scholarship

This worksheet is designed to guide users in evaluating educational materials in light of criteria established for all scholarship, including educational products in health education. The intent is to determine whether the materials meet the criteria and thus discern the degree to which they are ready for dissemination. It was originally developed by Dr. Sheila Chauvin and subsequently adapted for MedEdPORTAL by the 2005 Association of American Medical Colleges (AAMC) Working Group on Educational Scholarship.

For what specific educational activity was this material originally created? In the context of a particular teaching/learning situation, what was this material supposed to achieve? Define the educational activity.

Glassick1, et al. (1997) defined six Criteria for Assessing Scholarship:

Clear Goals: The scholar explicitly states the basic purposes for the work and defines realistic, achievable objectives, including desired goals and outcomes. Important questions regarding teaching and learning have been taken into account.

Adequate Preparation: The scholar has a solid understanding of existing scholarship relevant to the endeavor (generic and discipline-specific) as well as adequate skills and resources drawn from this research and from prior experience to advance this specific project.
Appropriate methods: In conjunction with the material and the teaching/learning context, the scholar’s selections of educational methods fit the goals and are used effectively; the methods are modified as necessary to accommodate situational changes.

Significant results: The scholar achieves or exceeds the original goals; the scholar’s work contributes substantially to others (e.g., learners and colleagues) and to the field; the scholar’s work is open to further exploration (e.g., by self, by others, collaboratively with others).

Effective presentation: The reviewer can discern that appropriate style and methods of presentation are used and that the resulting communication to the intended audience is clear and unambiguous.

Reflective critique: The scholar thoughtfully assesses the work him/herself and uses the resulting perceptions along with reviews and critique from others, to refine, enhance, or expand the original concept.

Bibliography
Copyright and Patient Privacy

All MedEdPORTAL submissions must be clear of all copyright infringements before moving forward with the peer review process. MedEdPORTAL staff review all embedded photos, images, charts, graphs, cartoons, text and URL links to determine if appropriate copyright permissions have been obtained for any materials not created by the author or co-authors. Written permissions must acknowledge that the material is intended to be incorporated in a MedEdPORTAL submission where, if published, it will be globally distributed as part of the published resource in accordance with its associated Creative Commons License for free of charge, indefinitely (see Appendix C). Obtained permission forms must be uploaded by the author at the point of submission. Alternatively, if there are items where the author(s) are not known, or it will be difficult to receive the necessary permission, the materials may be simply removed from your resource or replaced with non-copyrighted content.

MedEdPORTAL staff also search for potential patient privacy violations (any “personally identifying information”) such as photos, imagery, charts, graphs, lab values, radiographs or medical/dental records of patients. If personally identifying information is found embedded within a resource then the author must comply with one of the following two options:

- Provide written permission from each patient or actor granting permission to incorporate their personally identifying information in the submission (see Appendix K).

- Ensure all personally identifying information (i.e. picture of patient’s face, name, date of birth, social security number, address) have been removed or blacked out in compliance with HIPAA (Health Insurance Portability and Accountability Act) standards.

Replacing Copyrighted Materials with HEAL and Flickr Images

If permission cannot be obtained under the aforementioned terms, the third-party items must be removed from MedEdPORTAL submission. Alternatively, such items can be replaced with those that reside in open-access digital repositories. Each searchable image featured within these repositories must be associated with an author-generated Creative Commons License detailing how the image may be used. Imagery that meets MedEdPORTAL standards and policy are non-restrictive and can be found under these specific terms: free and unlimited use, reproduction and modification. Prior to publication, these Creative Commons License citations must be attributed and affixed to each image featured in the MedEdPORTAL submission. MedEdPORTAL encourages authors to visit the Health Education Assets Library (HEAL) (www.healcentral.org) and Flickr (www.flickr.com) digital source libraries to identify and select substitute imagery for their resource under the aforementioned license terms. For more information, please contact mepscreening@aamc.org.
Content Packaging Guidelines

Instructor Guide

All submissions to MedEdPORTAL must include a detailed Instructor’s Guide that will be packaged and disseminated with the resource following publication. An Instructor’s Guide is typically 1-3 pages in length and at a minimum includes the following components:

- List of all the resource files included in the submission.
- Explanation of when, how, and the order in which to use each resource file.
- The purpose/goal of the resource including specific educational objectives.
- The conceptual background regarding why and how the resource was created.
- Practical implementation advice such as the materials needed, length of session, faculty/facilitator needs, preparation needs, etc.
- A description of how the material has been successfully deployed including common pitfalls, tips for success, etc.
- A self-reflecting list of limitations for implementing the resource and ideas for improving/expanding the materials.

Submission of Web-based Resources

MedEdPORTAL only accepts Web-based submissions that can be packaged in a format that allows the hosting and dissemination through the MedEdPORTAL website. Web-based submissions are only accepted when one of the following conditions is achieved:

Condition #1: If Web-based resources are postings of content (Word/PDF/PowerPoint documents), then it is required that the authors package and upload all the various resource files during the submission process as opposed to only submitting the link to the website where the content is hosted. This allows MedEdPORTAL to host the complete resource on its servers in perpetuity after publication. This does not preclude authors from maintaining the website on their own servers after publication and even updating the content on their own servers. If this cannot be accomplished, please refer to the next condition.

Condition #2: Web-based Resources which are not posted within the aforementioned framework must then have the ability to be stripped and/or broken down and packaged on a compact disc (CD) with the goal of eventually publishing and hosting the final approved version on MedEdPORTAL servers. This does not preclude authors from maintaining the Web-based resource on their own servers after publication. If the submitted Web-based resource cannot be packaged onto CD, authors are then encouraged to extract all the content from the Resource and incorporate into files (formats listed in Condition 1) for dissemination.
Submission Instructions

Primary authors must complete the MedEdPORTAL submission form within the external peer review management system Manuscript Central (mc.manuscriptcentral.com/mededportal). Access to the Manuscript Central website is also available by clicking “Submit Resource” on the MedEdPORTAL menu bar. Within Manuscript Central, the submitting author must agree to the MedEdPORTAL Submission Agreement located on the first page prior to completing the submission form.

Intellectual Property

MedEdPORTAL respects the original ownership of all submissions and does not pursue ownership in any materials submitted or published. To protect the rights of authors, MedEdPORTAL requires that the submitting author answer the following three questions within the submission form to create a Creative Commons copyright usage license which legally governs how their published material may be used by others.

- Will you allow commercial uses of your work? [Yes | No]
- Will you allow modifications of your work? [Yes | Yes, as long as others share alike | No]
- What is the jurisdiction of your work? [Select Country]

When published, the author generated Creative Commons License (see appendix C) is associated with the resource. All users must maintain an association between this License and the resource they download.

Authors are welcome to submit resources that have already been posted elsewhere. While authors have published articles that describe an educational resource, they are usually free to publish the actual resource or tool on MedEdPORTAL because such resources were not technically part of the prior publication. A prospective author is required to review his employment agreement and his institution’s copyright policies to ensure that he has the rights to make this work available under the associated Creative Commons License (Intellectual Property Release Form, page 31).

Publication

Following publication in MedEdPORTAL, an author may not retract his/her publication. Once a resource is published in MedEdPORTAL, it will remain searchable and available to the public for free, indefinitely. However, all time-sensitive resources are identified and labeled as such during the submission and peer review process. Time sensitive publications are labeled on the MedEdPORTAL website in a manner that alerts the end user that the resource may be inaccurate, obsolete or irrelevant three years after the date of publication.

If a resource has already been published in MedEdPORTAL and the author would like to revise or update his/her published resource, we encourage him/her to contact MedEdPORTAL staff to discuss the various options (mededportal@aamc.org). Typically, if the planned changes are merely cosmetic and do not impact the content of the resource, MedEdPORTAL staff will simply replace the published resource with the revised version. However, if the update significantly impacts the content of the resource (e.g. adding, removing or replacing content from the resource), we encourage the author to submit the revised resource as a new submission to MedEdPORTAL. This resource will be identified and flagged as a second version and will undergo the formal peer review process. If published, the second version of the resource will be labeled as publication version 2. The original publication will not be removed from MedEdPORTAL but the abstract will reference the most recent version of the publication, showcasing the lineage of the scholarly resource.
Tools for Published Authors

Usage Reports

Published MedEdPORTAL authors may generate usage reports that provide a list of users who downloaded their publications from the MedEdPORTAL website. The usage report contains each user’s institution, country, and the date the user downloaded the resource. In addition, the report also provides a description of how the user plans to utilize the publication. Published authors may run real-time usage reports from their My MedEdPORTAL page.

Generating this detailed end-user data may support authors when demonstrating the distinct impact and utilization of their published materials for promotion and tenure purposes.

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**MedEdPORTAL Usage Report**

Date Report Generated: Aug 9, 2011  
Publication Title: Teaching Video: “Handoffs: A Typical Day on the Wards”  
Publication Primary Author: Michael Saleh  
Publication ID: 8331  
Publication Date: Feb 17, 2011  
Publication URL: http://www.mededportal.org/publication/8331  

**Summary Usage Report:**

- Total Number of Downloads: 66
- Total Number of Unique Users Downloading: 54
- Total Number of Unique Countries Downloading Publication: 7
- Total Downloads for Teaching or Training: 56
- Total Downloads for Self-Learning: 15
- Total Downloads for Curriculum Development: 19
- Total Downloads for Assessment and Evaluation: 15
MedEdPORTAL Submission Form Instructions

This document was developed to help authors prepare the necessary information prior to actually starting the MedEdPORTAL submission form online. The following is a list of the six steps required for web-based submission and all of the included questions and fields:

1. Resource Type, Title, & Description

You will first be prompted to select the Resource Type of your submission. The only available option at this point is MedEdPORTAL submission.

The next box will allow you to enter the Title of your submission, with a word limit of 25. If you need to insert a special character, click the “Special Characters” button.

Next, enter in your Resource Description, limit 1,000 words. Again, if you need to insert a special character, click the “Special Characters” button.

You will then be asked to accept the MedEdPORTAL Submission Agreement. By clicking “Accept” you acknowledge and understand that the terms set forth in the MedEdPORTAL Submission Agreement constitute a legally binding contract between you and the AAMC and you agree to be bound by those terms.

Below the Submission Agreement enter any Keywords, separated by comma, that are pertinent to your submission.

When you are finished, click “Save and Continue.”

2. Attributes

You may enter your manuscript attributes/keywords in two different ways: search the journal’s list of keywords by typing in a term and clicking “Search” or select your keywords from the list (Control-Click to select multiple words) and click “Add”. When you are finished, click “Save and Continue.”

The attributes are categorized as follows:

1. Medical Specialties & Sub-specialties Limit 10.
   Ex: Pediatric, Neurology, Dermatology

   Ex: Basic science, Clinical skills, Respiratory system

   Ex: Medical student, Dental student, Resident

   Ex: Patient care, Professionalism

5. Instructional Methodology.
   Ex: Assessment, Independent study, Virtual patient
3. Authors & Institutions

Enter your co-authors’ information in the boxes provided, then click “Add to My Authors.” To check if an author already exists in the journal’s database, enter the author’s e-mail address and click “Find.” If the author is found, their information will be automatically filled out for you.

You will be asked to provide the following information:

- First Name
- Last Name
- E-Mail
- Institution
- Department
- City
- State
- Country

If there are multiple Institutes and Departments for the author, click the “here” button.
If there are multiple authors for the submission, click “Add to my authors.”

When you are finished, click “Save and Continue.”

4. Details and Comments

The details and comments section will allow you to further elaborate on your submission. On this page you will be asked the following information:

**Previous Submission Information**

Has this submission been previously submitted to this journal? If so, what is the submission ID of the previous submission?

**Submission Resource Type**

Select the submission resource type for your submission. You can select from the following options:

- Animation
- Audio
- Case
- Evaluation tool
- Image
- Lab guide
- Mobile application
- Multimedia
- Presentation
- Reference
- Tutorial
- Video

For multiple selections, hold down the Ctrl button.

**Educational Objectives**

List each educational objective in the box provided.
Work Effectiveness

Detail the effectiveness and significance of your work in the box provided. MedEdPORTAL requires authors to detail the implementation of their submission.

Lessons Learned

Please share any lessons learned in the box provided.

Yes/No Questions

- You will be asked to answer the following questions:
- Does this submission contain information suitable for patient education?
- Does this submission contain time-sensitive biomedical content that may be incorrect or obsolete in three years?
- Is this publication part of a series? (If yes, please provide the MedEdPORTAL ID numbers of associated publications, separated by commas.)
- Has your submission been peer reviewed elsewhere? (If yes, please provide details)
- Do any of the authors have significant financial interest or commercial support? (If yes, please detail)

Lists

Be prepared to:

- List each publication, presentation or citation for this submission on a separate line.
- Detail any sponsorship or funding source that supported the development of this material.
- List the file names associated with your submission
- Details how users will access the resource. Select “Download Resource Files” if uploading all submission files. Select “Request Resource from MedEdPORTAL Staff” if resource is a Special Clearance item or if hosted on a CD/DVD.

Creative Commons License:

MedEdPORTAL uses the Creative Commons license framework (http://creativecommons.org/) which allows authors to retain their copyright while granting others permission to copy and distribute the work provided they give credit -- and only on the conditions indicated here:

- Will you allow commercial uses of your work?
- Will you allow modifications of your work?
- What is the jurisdiction of your license?
- Have you checked with your employment agreement and your institution’s copyright policies to be sure that you have the right to make this work available under the creative commons? *

Note: Submissions will not be accepted that answer “No”

You will then be required to select the type of Creative Commons license to be associated with your submission. Please see the Creative Commons Copyright Usage Licenses (http://creativecommons.org/licenses/) for more information.

When you are finished, click “Save and Continue.”

5. File Upload

Upload as many files as needed for your manuscript in groups of five or fewer. If you have more than five files for your manuscript you should upload the first five and then you will have the option to upload an additional five files. This process will continue until ALL files have been uploaded. These files will be combined into a single PDF document for the peer review process.
If you are submitting a revision, please include only the latest set of files. **If you have updated a file, please delete the original version and upload the revised file.** To designate the order in which your files appear, use the drop downs in the “order” column. View your uploaded files by clicking on HTML or PDF.

Your text and figure file(s) will be converted into HTML so that they can be easily viewed with a browser on the Internet. They will also be converted into a .PDF document so that they can be viewed and printed with Adobe Acrobat Reader. The files in the .PDF document will be presented in the order specified.

**File designation**

Each uploaded file will require designation selected from the pull-down menu to the right of the upload box. File designations include:

- Resource file
- Instructor’s Guide
- Copyright/patient privacy forms
- Supplementary file NOT for review
- Cover letter for revisions

**Unzip pack files**

When this option is selected, files with a .zip extension are unpacked following upload and files contained within them added to your ‘My Files’ list.

Please note that this functionality is subject to the following restrictions:

**Zip File Size:**

The approximate maximum total file size accommodated will vary by your connection speed.

- Dial-up connections will typically allow files up to 1MB in total size to be uploaded.
- Cable/DSL home connections will typically allow files up to 4MB in total size to be uploaded.
- Office network connections will typically allow files up to 40MB in total size to be uploaded.

If your files are too large for your connection to accommodate, please upload them in multiple smaller groups.

**Total Number of Files:**

Your zip file may contain up to 20 individual files, each up to 1.5MB in size.

**Files to send offline**

If you plan on submitting files off-line, such as a CD/DVD, enter the number of files and then click the “go” button to enter details about those files.

When you are finished, click “Save and Continue”.

**1. Review & Submit**

The final step will allow you to review all entered information for correctness and make changes as needed. **After reviewing the manuscript proofs at the foot of this page, you MUST CLICK ‘SUBMIT’ to complete your submission.**

When you are finished, click “Submit”.
# Appendix A

## Scholarly Criteria

This table was developed to provide prospective authors with guidance regarding the six criteria for scholarship as defined by Glassick (1997). Authors are encouraged to assess their own work using this table. Reviewers and editors will scrutinize all submissions in light of these criteria. Submissions may be rejected if one or more of the below criteria are insufficiently addressed.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Description</th>
<th>Type of Information</th>
<th>Where to Provide the Information in the Submission Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear goals</td>
<td>The author clearly states the goals of the work using educational objectives.</td>
<td>Supply educational objectives written from the learner’s perspective. * Ideally, each objective should be specific, measurable, attainable, and realistic. The objectives should accurately and completely reflect the instructional content.</td>
<td>MedEdPORTAL submission form question: Please enter each educational objective. This information could be included in other submission documents (such as the instructor’s guide) depending on the nature of the resource.</td>
</tr>
<tr>
<td>Adequate preparation</td>
<td>The author uses existing scholarship and prior experience to inform and develop the work.</td>
<td>Describe how other scholarly works and personal experience were used to guide the development of the resource. Convince the reviewer that you sufficiently consulted the relevant literature. List all applicable references including biomedical publications and/or publications regarding educational techniques.</td>
<td>Instructor’s guide and/or other appropriate document(s).</td>
</tr>
<tr>
<td>Appropriate methods</td>
<td>The author uses a suitable approach to meet the stated objectives of the work.</td>
<td>Describe the educational approach that was used and the rationale for selecting that approach. Convince the reviewer that you selected an educational approach that will help the learners achieve/attain the educational objectives.</td>
<td>Instructor’s guide and/or other appropriate document(s).</td>
</tr>
<tr>
<td>Significant results</td>
<td>The author achieves the goals and contributes to the field in a manner that invites others to use the work.</td>
<td>Describe the effectiveness and significance of your work. Convince the reviewer that the work is important to the educational community and will likely be used by others. Provide data if available. **</td>
<td>MedEdPORTAL submission form question: Please detail the effectiveness and significance of your work. This information could be included in other submission documents (such as the instructor’s guide) depending on the nature of the resource.</td>
</tr>
<tr>
<td>Effective presentation</td>
<td>The author effectively organizes and presents the content of the work.</td>
<td>Ensure that all content is well organized and effectively presented. Use a consistent presentation format/style if possible. Be sure to proofread all documents.</td>
<td>This is a characteristic of the entire resource.</td>
</tr>
<tr>
<td>Reflective critique</td>
<td>The author thoughtfully assesses the work to refine, enhance, or expand the original concept.</td>
<td>Convince the reviewers that you thoughtfully reflected on the entire process. Indicate which data you reviewed and the insights that were gained. Describe any challenges, limitations, future opportunities, and planned revisions.</td>
<td>MedEdPORTAL submission form question: Please share any lessons learned. This information could be included in other submission documents (such as the instructor’s guide) depending on the nature of the resource.</td>
</tr>
</tbody>
</table>
Appendix B

Simulation Interest Group Scenario Template

I. Title

II. Target Audience: medical students, nurses, paramedics, residents

III. Learning Objectives or Assessment Objectives
   A. Primary – key learning objectives of the scenario, suggested maximum would be five
   B. Secondary – detailed technical goals, behavioral goals, didactic points
   C. Critical actions checklist – a list to ensure the educational / assessment goals are met.
      This may include:
      1. Simple checklist of critical actions (may be created with faculty consensus)
      2. Optimal sequence of critical actions (performance in order = higher scores in certain management areas).
      3. Duration to critical actions
      4. Global area ratings such as oral board scores
      5. Behavioral ratings as seen in ACRM
      6. Criterion standards of performance by level of learner

IV. Environment
   A. Lab Set Up – ED, trauma bay, decontamination room, in lab or in real ED
   B. Manikin Set Up – type of simulator, moulage, lines needed, drugs needed
   C. Props – ECGs needed, X-rays, CT scans, EMS equip, decontamination equipment, special airway equipment (basic airway and code blue cart is assumed)
   D. Distracters – list here any environmental or background distracters

V. Actors
   A. Roles – paramedic, nurse, consultant
   B. Who may play them – other residents, other students, actors
   C. Action role – what role do they serve in the scenario

VI. Case Narrative (describe what the learner will experience)
   A. Scenario Background Given to Participants (specify if given freely or must be asked for)
      1. Chief complaint, triage note, medic report
      2. Past medical history
      3. Meds and allergies
      4. Family/social history
   B. Scenario conditions initially
      1. History patient gives
      2. Patients initial exam
      3. Patients physiology
   C. Scenario branch points
      1. Change in patients conditions
      2. Response to treatments
      3. Usually are several directions scenario can be taken
VII. Instructor’s Notes (what the instructor must do to create the experience)
   A. Tips to keep scenario flowing in lab and via computer
   B. Tips to direct actors
   C. Scenario programming
      1. Optimal management path
      2. Potential complications path(s)
      3. Potential errors path(s)
      4. Program debugging

VIII. Debriefing Plan
   A. Methods of debriefing – individual, group, with/without video, knowledge support items (CDROMs, articles, handouts)
   B. Actual debriefing materials
   C. Rules for the debriefing
   D. Questions to facilitate the debriefing

IX. Pilot Testing and Revisions
   A. Numbers of participants
   B. Performance expectations, anticipated management mistakes
   C. Evaluation form for participants
   X. Authors and their affiliations
Appendix C

Recommended Standardized Patient Case Outline

The following instructions are divided into two parts. Part A describes “front matter” for submissions including suggestions for contextual information that may help reviewers better judge the quality and applicability of the materials to their own settings. Part B describes the ideal inclusion criteria for submission of case materials to MedEdPORTAL.

On behalf of ASPE, we thank you for submitting your resources and for your continued scholarly efforts in SP Education.

PART A

Standardized Patient Case Materials as Educational Scholarship

When preparing to submit your educational materials to ASPE’s Case Bank or AAMC’s MedEdPORTAL, please consider including the criteria listed below as a guide to submission. The list contains suggested topics which should be addressed in the submission as front matter. By including this information, users will be better able to better judge the quality and applicability of the materials to their own settings.

Further criteria for consideration for submission of material

___Purpose of materials: Why was the case developed?

___Description of development process: including how and by whom: Who developed the case and related materials? What steps were taken in the development process?

___Information pertaining to how the materials have been used: In what way/s has the case been used (for training, assessment, both)?

___Methods used for training: How have the SPs been trained to portray the case? How have they been trained to evaluate performance and/or provide feedback (if applicable)?

___Data to support the content of the materials: Were content experts engaged in the development process? Was research literature referenced when developing the case?

___Data to support the reliability of any related checklists or rating scales: What data is available to support the inter-rater agreement or internal consistency or generalizability of the materials?

___Data to support the accuracy of case portrayal: Are any methods recommended for ensuring accuracy of case portrayal?

___Any other relevant data from trial or actual use of materials

___General suggestions for using the materials: What have you learned from using the case?

PART B

The following outline represents the ideal standardized patient (SP) case as determined by a subcommittee of the Association of Standardized Patient Educators (www.aspeducators.org). This list is not necessarily all inclusive and every item will not be needed in every case. However, we feel we have captured the essence of what Standardized Patient Educators look for when readying cases for SP training and student exercises. The bold items are believed to be the minimum factors that need to be in every well thought out case. Additionally, these items would be most helpful when searching for specific cases.
Identifying Case Factors

- Presenting complaint
- Length of patient encounter
- Learning objectives/case purpose

Diagnosis

- Target group (i.e. Medical Students, Residents, Nursing Students, Nurse Practitioner Students, other)
- Student level/year

Type of case (may check more than one):

- Teaching
- Assessment
- Communication
- History only
- Physical examination only
- History and physical exam

Case Summary/SP Training Notes

- SP demographics: name, gender, age range, ethnicity
- Setting (i.e. clinic, ER, etc.)
- History of present complaint
- Past medical history
- Family medical history
- Social history
- Physical examination findings (if indicated)
- Diagnosis
- Management plan

If identified as a communication case:

- Information sharing challenges etc.
- Patients response to special interviewing techniques

If patient presentation (affect, appearance, position of patient at opening (i.e. sitting, laying down, holding abdomen etc.)

Special case considerations/props:

- Specific body type/physical requirements
- Props (i.e. pregnancy pillow)
- Make-up (please include application guidelines if available)

Additional Materials:

- Student instructions
- SP feedback guidelines
- Checklist scoring rubric
- Training criteria for checklist
- Student post-station
- Faculty checklist
- Presenting situation/door chart information
- Other supporting documents (faculty instructions, etc.)
Appendix D

MedEdPORTAL Assessment Instrument Guidelines
Updated October 3, 2011

When preparing to submit your educational assessment materials to AAMC’s MedEdPORTAL, please consider including the criteria listed below as a guide to submission. The list contains suggested topics which should be clearly addressed in the submission resources. By including this information, reviewers and users will be better able to better judge the quality and applicability of the materials to their particular setting.

1. **Construct:** What concept, skill, etc. is your assessment trying to measure (e.g. knowledge in cardiac physiology)?

2. **Target Population:** Please indicate the intended examinee audience (testee; respondent). Is your instrument intended to assess anesthesia residents; first-year medical students; nursing students; faculty etc.? What was the rationale for selecting that population?

3. **Type of Assessment Instrument:** How is your assessment administered? Is it a self-assessment instrument? Peer assessment? Faculty assessment? Is your assessment a paper-based questionnaire, electronic questionnaire, observational tool, interview, or other type of assessment?

4. **Implementation:** Please describe the steps needed to utilize your assessment instrument. What training is required for evaluators? For examinees? Is your assessment designed to be administered at a specific time (e.g. at the beginning of the third year) or can it be administered at any time?

5. **Development:** Please describe how you developed your instrument. How and why were items selected? Are the items supported by the literature? If you borrowed items from other assessments to create a new tool, clearly describe how your assessment is different from the source assessment(s).

6. **Validity:** Validity refers to whether or not your instrument’s scores accurately reflect the construct it is intended to measure. In general, validity evidence is categorized into one of five types.\(^1\) As applicable, please provide the validity evidence for your assessment in at least one of the five categories below:

   a) **Content:** Does the content (e.g. items) in your assessment tool match the construct that the tool is intended to measure? For example, do items on an end-of-clerkship examination reflect the learning objectives of that clerkship?

   b) **Response Process:** Response process refers to evidence supporting that the sources of error in administering the instrument have been minimized. For example, are students/faculty familiar with the assessment method used? If not, have they been trained in the use of the instrument? Is there consistency in how scores are interpreted/fed back to the examinees?

   c) **Internal Structure/Reliability—welcome but not absolutely required:** Internal structure relates to the statistical characteristics of the assessment items and includes reliability, or the reproducibility of scores. How well do items discriminate between high and low performers? Are scores reproducible if the test is repeated over time (test-retest reliability)? How consistent are evaluators in assessing the learners (inter-rater reliability)? How much error in the assessment scores is attributable to the examinees themselves versus the raters or the cases?

   d) **Relationship to other variables:** How well do scores on your assessment instrument correlate with scores on a criterion, or “gold standard”, instrument? Do scores on your assessment correlate with those of other instruments that measure the same trait or construct?
e) **Consequence:** Consequence refers to the assessment’s impact on examinees, teachers, patients, and society1. Is the assessment formative or summative? If summative, what are the consequences of “failing”? How do passing rates on your instrument compare to passing rates on similar types of assessments? How was the decision made to set the cut score for pass-fail and what was the rationale behind that decision? If someone performs poorly, is the construct (e.g. skill; knowledge) remediable-can it be learned? The examples above represent some, but not all, of the sources of evidence that can support the validity of an instrument’s scores. For more information on sources of validity evidence, please see the references below1.

7. **Limitations:** All assessment instruments have limitations. For example, does the instrument require intensive training for evaluators? Does it require specific equipment? Does it work better in some populations than in others (e.g. works well for students but not for residents)? Please describe limitations and any suggestions for how users can minimize limitations, where applicable.

8. **Application:** Please describe how your measure has been used in educational assessment or research. How many learners have been evaluated with your measure? Have other institutions utilized your instrument? Have you and/or others published data using your instrument (if so, please provide relevant citations).

9. **Additional Information which may be included:**

   1. **Name of Assessment Instrument:** Naming your measure may make it easier for others to locate and remember, improving dissemination. It may also make it easier for users to identify what your assessment is intended to measure (e.g. critical thinking skills; knowledge of medical physiology).

   2. **Supplementary Materials:** Do you have scoring guides/keys or scoring sheets that may aid in administering your instrument? Do you have guides or presentations for training evaluators in the use of your instrument? These types of materials may substantially aid users in administering your assessment. If you have developed these or other supplementary materials, we strongly encourage that you submit them along with your assessment instrument.

REFERENCES


Appendix E

Recommended Format for Submission of Team-Based Learning Modules

1) Title of module - Ex. “Sickle Cell Anemia”

2) Purpose of module: By the conclusion of this TBL module, students will be able to…

3) Objectives: At least 3 objectives, stated in outcomes format.

4) Advanced Preparation Assignment: detailed specification of what the students must do and/or learn before coming to the module. Example: Read pages 305-315 in Robins; complete the dissection of - ______; review the video clips of ______.

5) Readiness Assurance Questions: 5-10 Multiple Choice Questions to be administered as the Individual Readiness Assurance Test and the Group Readiness Assurance Test.

6) Group Application Exercise: 4-8 Multiple Choice Questions, each of which requires the student to interpret data, a photomicrograph, an x-ray, or other previously unseen information and make a specific choice to the question. Case vignettes or laboratory experiment scenarios also make good ‘stems’ for the questions. Answers to these questions should NOT be found in any text or other resource, and can only be answered by a team discussing, debating, and reaching a consensus on a single best answer.

7) Context: This module is one of ______ modules for the course entitled ______ and intended for first year medical students.

8) Facilitation Schema: This should be a flow chart on the time allotment for each component of the module, e.g. 15 minutes for the IRAT, 25 minutes for the GRAT; etc.

This information guides the reader in planning an effective module for the time allotted.
Appendix F

Sample Publication

Title: Three Standardized Patient Cases to Measure Screening, Brief Intervention and Referral to Treatment (SBIRT) Skills in Primary Care Residents

MedEdPORTAL ID#: 9005

Version: 1

Resource Type: Case

Description: Three twenty-minute standardized patient encounters that are designed for internal medicine or family medicine residents to assess SBIRT skills and to determine individual areas for improvement. Standardized patient cases include the following:

- 35 year-old man with risky alcohol use and paroxysmal atrial fibrillation, contemplative stage.
- 39 year-old woman with low back pain and opiate misuse, precontemplative stage.
- 63 year-old woman with depression and alcohol use disorder, preparation stage.

Each case is written to represent a twenty-minute clinic visit and focuses on substance use history taking, assessment and development of a clear treatment plan. There are no physical exams included in these cases, but if desired the cases could be modified to assess relevant physical examination skills. After each SP case, residents have a ten-minute exercise to assess specific knowledge and skills including: encounter documentation, assessment of stages of change, approach to older patients with substance use, approach to non-English speaking patients with substance use and developing pain contracts with patients.

Submission contains standardized patient training materials and post-case exercises for 3 cases. In addition, there are scoring rubrics for the post-case exercises and for the overall cases. Finally, there is a guide to debriefing the exercise with the residents and a resident evaluation of the exercise.

Author Institution: University of California, San Francisco

Primary Author:

Maria Wamsley, MD
University of California, San Francisco

Resource File(s):

The resource file associated with this publication include the following:

- Case 1 Post-case exercise.doc
- Case 1 Post-Case Scoring Rubric.xls
- Case 1 Standardized Patient Training Materials.doc
- Case 2 Post-Case Exercise.doc
- Case 2 Post-Case Scoring Rubric.doc
- Case 2 Standardized Patient Training Materials.doc
- Case 3 Post-Case Exercise.doc
- Case 3 Post-case Scoring Rubric.doc
- Case 3 Standardized Patient Training Materials.doc
Educational Objectives:

1. To assess primary care resident SBIRT skills.
2. To screen for alcohol and substance use.
3. To screen for mental illness.
4. To take a substance use history.
5. To provide accurate assessment of substance use disorders.
6. To provide brief intervention to address substance use.
7. To provide appropriate referral for patients with substance use disorders.
8. To provide effective communication with patients regarding substance abuse.

Accreditation Council for Graduate Medical Education (ACGME) Competencies Addressed:

- Patient Care
- Interpersonal and Communication Skills
- Professionalism
Intended Learner Audience:

- Resident

Effectiveness and Significance

Screening, Brief Intervention and Referral to Treatment (SBIRT) has been promoted as model for improving healthcare delivery for patients with alcohol and substance use disorders. Brief interventions in primary care settings have been shown to reduce risky/harmful alcohol use (Whitlock EP, Polen MR, Green CA, Orleans T, Klein J. Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: A summary of the evidence by the US Preventive Services Task Force. Ann Intern Med 2004;140:557-568.) and have been found to be one of the highest ranking preventive services in terms of cost-effectiveness (Solberg LI, Maciosek MV, Edwards NM. Primary care intervention to reduce alcohol misuse: ranking its health impact and cost effectiveness. Am J Prev Med 2008;34:143–152). Many have called for increased curricular content in medical schools and residency training on alcohol and substance use disorders. Effective tools need to be developed to assess the impact of these curricula and to assess resident competence in these skills. We developed three standardized patient cases and three post-case exercises to assess SBIRT skills in internal medicine residents. We have included the post-case exercises in these materials, but other may want to modify the post-case exercises based on their own curricular objectives.

Fifteen primary care internal medicine residents participated in the SP exercise (7 PGY2 and 8 PGY3). On average, residents received 79% of history points (SD=16) and 70% of information-sharing points (SD=12) for all three cases. Their average patient-physician interaction score was .69 (SD=0.06, 0=unacceptable, 1=outstanding). Averaging across all three cases, the residents received an overall satisfaction rating of 0.63 which ranked them slightly above “good”.

Residents reported that the standardized patient scenarios were representative of the patients they might see in clinic [mean = 3.67, SD = .98, (1 = strongly disagree, 5 = strongly agree)]. Most felt the learning experience was valuable (mean = 3.67, SD = 1.23) and would recommend the exercise to a fellow resident (mean = 3.60, SD = 1.24).

Residents reported highest levels of confidence in screening patients for alcohol (mean=3.73, 1=strongly disagree, 5=strongly agree) and drugs (mean=3.67), but felt less confident making a treatment plan for patients with substance use disorders (mean=3.13). During the semi-structured debrief session residents most commonly requested direct performance feedback and assistance in identifying ways to improve necessary skills.

Special Implementation Guidelines or Requirements

Standardized patients received 7 hours of training (two 3.5 hour sessions) that included reading through case details, discussion of the case, review of evaluation checklists and role-play with standardized patient trainers and residency faculty.

We recommend running the session in an environment that simulates an outpatient clinical setting. Ideally, standardized patient encounters would be viewed by supervising faculty remotely using video-monitoring equipment and encounters would be recorded so that trainees and faculty can review the encounters at a later time.

All three SP cases, post-SP written exercises and a 55-minute faculty-run debriefing session can be completed in a half-day session. All Post-case exercises were independently scored by 2 reviewers. We averaged reviewer scores in our analysis of the results.

Lessons Learned

Standardized patients can be an effective tool to assess resident skills in screening, brief intervention and referral to treatment. This tool evaluates residents in both their knowledge as well as its application in the clinical setting. Our resident performance indicates room for improvement in managing substance use disorders suggesting a need for further training in SBIRT skills. Residents specifically feel a lack of confidence in developing a treatment plan for substance use disorders.
Residents reported the cases represented realistic clinical encounters for an outpatient setting. However, residents did comment that the actors who played the Molly Bunk character were “too nice” and open to changing her pain medication regimen. We modified the case and training materials to make the patient more resistant after the first time we ran it to address this shortcoming in the case.

The faculty run debriefing session for residents elicited the importance of providing direct feedback for participants in a timely manner. Multiple residents discussed that the value of the SP experience is in discussing specific areas of improvement with faculty members and having an opportunity to practice skills. Video recording each resident-SP encounter, enabled residents and faculty to review recordings together and identify learner specific deficits in specific SBIRT skills and develop further learning plans to address these areas.

Although we used faculty with expertise in SBIRT to provide residents feedback on their SBIRT skills after the exercise, an alternative approach would be to provide residents feedback after each encounter. This could be done by having faculty provide feedback or by training the SPs in SBIRT skills and have them provide direct feedback to the residents after each encounter. Because the SBIRT SP Exercise was done for the purposes of assessment of a curricular intervention at our institution, we purposefully did not want to provide feedback after each encounter and influence scores on subsequent cases.

Publications, Presentations, and/or Citations For This Publication:

Sponsorship (Funding Source):
SAMHSA/CSAT Grant U79T1020295 awarded to Dr. Jason Satterfield

Publications, Presentations, and/or Citations for this Publication
2. Using Standardized Patients to Evaluate Resident Skills in Screening and Brief Interventions for Substance Abuse in the Primary Care Setting. Poster, SGIM National Meeting, Phoenix, AZ. May 2011.
3. Image retrieved on 13 September 2011 from: http://www.flickr.com/photos/psit/4823232646/sizes/z/in/photostream/. Creative Commons License associated: http://creativecommons.org/licenses/by-nc/2.0/
## Appendix G

### Peer-Review Form v2.0: Revised December 2007

MedEdPORTAL reviewers use the online peer review management system to complete assigned reviews. Reviewers answer the following standardized peer review questions to rate each item in terms of content quality, presentation, effectiveness, and significance.

The following is only an example of the questions reviewers are asked to consider when conducting a reviewer assignment and should not be used to complete actual reviewer assignments.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the author-supplied information contained within the Submission Form both accurate and complete?</td>
<td>❑ Yes  ❑ No  ❑ Not Sure</td>
</tr>
<tr>
<td>Does the author provide educational objectives which are both clear and relevant?</td>
<td>❑ Yes  ❑ No  ❑ Not Sure</td>
</tr>
<tr>
<td>Is the educational approach or method appropriate for the stated objectives?</td>
<td>❑ Yes  ❑ No  ❑ Not Sure</td>
</tr>
<tr>
<td>Is the content of the submission sufficiently accurate, clear, and usable?</td>
<td>❑ Yes  ❑ No  ❑ Not Sure</td>
</tr>
<tr>
<td>Does the author reference and/or build upon related work in this area?</td>
<td>❑ Yes  ❑ No  ❑ Not Sure</td>
</tr>
<tr>
<td>Did the author provide evidence of the relative value or impact of this submission for the intended audience?</td>
<td>❑ Yes  ❑ No  ❑ Not Sure</td>
</tr>
<tr>
<td>Did the author offer critically reflective comments regarding this resource?</td>
<td>❑ Yes  ❑ No  ❑ Not Sure</td>
</tr>
</tbody>
</table>
### Narrative Comments and Feedback to Editor and Author

1. In the space provided, please include the following: *(Remember, the author will read this feedback.)*
   - Briefly summarize the resource in your own words and why it would or would not be useful to other faculty.
   - Clearly describe the rationale for your publication recommendation, including significant strengths or weaknesses and any recommended revisions.

### Confidential Feedback to Editor Only

2. In the space provided, please provide optional confidential feedback to the Editor regarding this submission.

### Publication Recommendation

3. Select a publication recommendation.
   
   *(if you select Accept with Revisions be sure to provide a list of recommended revisions in the narrative feedback section)*
   - Accept with Acclamation
   - Accept
   - Revisions Required
   - Reject
Appendix H

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Appendix I

Third Party Content Permission Form

To Whom It May Concern:

This letter is to obtain written permission to include your copyrighted material in a teaching resource I have created and submitted to the Association of American Medical Colleges (“AAMC”) for publication to its Web based publishing venue, MedEdPORTAL.

MedEdPORTAL (www.mededportal.org) is a free, online, peer-reviewed publication service provided by AAMC in partnership with the American Dental Education Association. MedEdPORTAL was designed to promote education collaboration by facilitating the open exchange of peer-reviewed teaching resources such as tutorials, virtual patients, simulation cases, lab guides, videos podcasts, assessment tools, etc. While MedEdPORTAL’s primary audiences include health educators and learners around the globe, it is open and available for free to the general public. Users can access quality, peer-reviewed teaching material and assessment tools in both the basic and clinical sciences in medicine and oral health.

I request permission to include the following materials (“Materials”) in my MedEdPORTAL submission:

**Title of Work:**

**Specific Figure, Chart, Graph, etc.:**

About my MedEdPORTAL submission (“Submission”):

**Title of Submission:**

**Brief Description of Submission:**

**Type of Resource:**

**MedEdPORTAL ID#:**

**Associated Creative Commons License:**

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If you have any questions about my request, please feel free to contact me (“Author”):

**Name:**

**Institution:**

**E-mail:**

**Telephone:**

The Submission is intended to be published in MedEdPORTAL where it will be globally distributed for free and in perpetuity under its associated Creative Commons License.

I, ________________________, an authorized agent of the Materials, grant permission to the Author to reproduce, modify and distribute the Materials in connection with the Submission and under its associated Creative Commons License. This is a perpetual, world-wide, non-exclusive, royalty free grant.

_________________________________________________
Signature

__________________________________ Date

___________________________ _______________________
Title Institution

Once approved, kindly return the signed letter to me via e-mail.

Sincerely,
Appendix J

Intellectual Property Release Form

Dear ____________________,

I created a teaching/training resource and submitted it to the Association of American Medical Colleges (“AAMC”) for publication in its web-based publishing venue, MedEdPORTAL.

MedEdPORTAL (www.mededportal.org) is a free, online, peer-reviewed publication service provided by AAMC in partnership with the American Dental Education Association. MedEdPORTAL was designed to promote education collaboration by facilitating the open exchange of peer-reviewed teaching resources such as tutorials, virtual patients, simulation cases, lab guides, videos podcasts, assessment tools, etc. While MedEdPORTAL’s primary audiences include health educators and learners around the globe, it is open and available for free to the general public. Users can access quality, peer-reviewed teaching material and assessment tools in both the basic and clinical sciences in medicine and oral health.

About my MedEdPORTAL submission (“Submission”):

Title of Submission:
Brief Description of Submission:
Type of Resource:
MedEdPORTAL ID#:
Associated Creative Commons License:
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In the event the Submission was created in the course and scope of my employment and in the event the copyright to the Submission is owned by ______________________ (“Institution”) as a work-for-hire I am seeking formal permission to publish my Submission in MedEdPORTAL. If accepted by MedEdPORTAL, it will be globally distributed for free and in perpetuity under its associated Creative Commons License.

If you have any questions about my request, please feel free to contact me (“Author”):
Name:
E-mail:
Telephone:

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Additionally, I grant permission to AAMC to use the Institution’s logo in connection with the Submission. The logo may not be used for any other purpose.

_________________________________________  ________________________________
Signature                                      Date

_________________________________________  ________________________________
Title                                          Institution

Once approved, kindly return the signed letter to me via e-mail.

Sincerely,
Appendix K

Actor Release Form

To Whom It May Concern:

This letter is to obtain your written permission to include your, or your child’s, personally identifying information (image, likeness, pose, sound recording of voice, etc.) in a teaching resource I either have created and submitted or in the process of creating with the intention to submit to the Association of American Medical Colleges (“AAMC”) for publication to its Web based publishing venue, MedEdPORTAL.

MedEdPORTAL (www.mededportal.org) is a free, online, peer-reviewed publication service provided by AAMC in partnership with the American Dental Education Association. MedEdPORTAL was designed to promote education collaboration by facilitating the open exchange of peer-reviewed teaching resources such as tutorials, virtual patients, simulation cases, lab guides, videos podcasts, assessment tools, etc. While MedEdPORTAL’s primary audiences include health educators and learners around the globe, it is open and available for free to the general public. Users can access quality, peer-reviewed teaching material and assessment tools in both the basic and clinical sciences in medicine and oral health.

Attached is the formal release. Please read it carefully, sign and return to me either via e-mail (__________) or fax (__________). Please note your or your child’s name will remain confidential and will not be made publicly available. By signing this release you are authorizing me to publish your or your child’s image, likeness, pose, sound recording of voice, as specifically defined in the release, in my teaching resource. I will not be able to use this information for any other purpose.

Please feel free to contact me directly if you have any questions or concerns.

Sincerely,

(signature)
Actor Release Form Continued

Author wants to use my or my child’s image, likeness, pose and/or sound recording of voice (“Record”) in his/her Submission to MedEdPORTAL. MedEdPORTAL is a free, online, peer-reviewed publication service provided by the Association of American Medical Colleges (“AAMC”) in partnership with the American Dental Education Association (“ADEA”). I understand the Submission and my or my child’s Images is intended to be published in MedEdPORTAL where it will be globally distributed for free and in perpetuity under its associated Creative Commons License.

“Author”
Name:
Institution:
Address:
E-mail:
Telephone:

About Author’s MedEdPORTAL submission (“Submission”)
Title of Submission:
Brief Description of Submission:
Detailed Description of “Record”:
Type of Resource:
MedEdPORTAL ID:
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I understand that while MedEdPORTAL is intended for educational/academic purposes, AAMC cannot guarantee the Record will be used solely for educational/academic purposes.

I release and forever discharge the Author, AAMC and ADEA their agents, officers, employees, successors, assignees, collaborators and licensees from any and all claims and demands arising out of or in connection with the use of the Record, including but not limited to any claims for invasion of privacy or defamation.

I have read this release and consent carefully and fully understand its meaning and implications. I have had the opportunity to ask questions.

*If you are under 18 years of age, your parent or guardian must also sign.

__________________________________________________
Printed Name of Participant		Date	Signature

__________________________________________________
Printed Name of Parent or Guardian*
(*if Participant is under 18 years of age)
		Date	Signature